

Patricia Booker

| PATENT APPLICATION FEE DETERMINATION RECORD<br>Effective December 8, 2004  |  |                                  |          |                                    |               | Application or Docket Number<br><b>10/577387</b>   |                          |
|--|--|----------------------------------|----------|------------------------------------|---------------|--|--------------------------|
| <b>CLAIMS AS FILED - PART I</b>  |  |                                  |          |                                    |               | <small>SMALL ENTITY TYPE</small> <input type="checkbox"/> <small>OR</small> <small>OTHER THAN SMALL ENTITY</small>       |                          |
| (Column 1)   |  | (Column 2)                       |          |                                    |               |  |                          |
| U.S. NATIONAL STAGE FEES   |  |                                  |          |                                    |               |  |                          |
| BASIC FEE  |  |                                  |          |                                    |               |  |                          |
| EXAMINATION FEE  |  |                                  |          |                                    |               |  |                          |
| SEARCH FEE   |  |                                  |          |                                    |               |  |                          |
| FEE FOR EXTRA SPEC. PGS.   |  | minus 100 =                      | / 50 =   |                                    |               |  |                          |
| TOTAL CHARGEABLE CLAIMS  | <b>19</b>                                      | minus 20 =                       | <b>—</b> |                                    |               |  |                          |
| INDEPENDENT CLAIMS   | <b>3</b>                                       | minus 3 =                        | <b>—</b> |                                    |               |  |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                  |          | <input type="checkbox"/>           |               |  |                          |
| <small>* If the difference in column 1 is less than zero, enter "0" in column 2</small>  |  |                                  |          |                                    |               |  |                          |
| <b>CLAIMS AS AMENDED - PART II</b>   |  |                                  |          |                                    |               | <small>SMALL ENTITY</small> <input checked="" type="checkbox"/> <small>OR</small> <small>OTHER THAN SMALL ENTITY</small> |                          |
| (Column 1)   |  | (Column 2)                       |          | (Column 3)                         |               |  |                          |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT |          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |                          |
|  | Total  | <b>19</b>                        | Minus    | <b>20</b>                          | =             | <b>—</b>   |                          |
|  | Independent                                    | <b>3</b>                         | Minus    | <b>3</b>                           | =             | <b>—</b>   |                          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |          |                                    |               |  | <input type="checkbox"/> |
| (Column 1)   |  | (Column 2)                       |          | (Column 3)                         |               |  |                          |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT |          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |  |                          |
|  | Total  | *                                | Minus    | **                                 | =             |  |                          |
|  | Independent                                    | *                                | Minus    | ***                                | =             |  |                          |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |          |                                    |               |  | <input type="checkbox"/> |
| <small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br/> ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".<br/> *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".<br/> The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</small> |  |                                  |          |                                    |               |  |                          |